



AMA Guides® Editorial Panel Meeting

August 2021

AMA Guides® Editorial Summary of Panel Actions- August 2022

The following actions reflect the decisions reached by the AMA Guides® Editorial Panel at the August 2022 meeting. Disclosure of Panel action and deliberation is limited to the information contained in this Summary of Actions. Premature release of information other than that contained in this document is prohibited under the AMA Guides Confidentiality Agreement.

ID	Affiliation	Applicant Name(s)	Action Requested	Editorial Panel Action
100060	North American Spine Society	Christopher Kauffman, MD William Sullivan, MD Tom Mayer, MD Michael Steinmetz, MD Kano Mayer, MD	Update to the AMA Guides® to reflect the most current, evidence-based medicine related to permanent impairment of the spine	Motion to <u>Revise</u> : Upon receipt, review, and public discussion of Public Comments submitted, the Panel has passed the motion for Revision on this proposal. Primary Reviewer and Liaison, Dr. Raizman, and Secondary Reviewer, Dr. Saffir, will work with Applicants and Panel to review comments submitted, determine what is to be incorporated, update proposal and resubmit for Panel review.
100160	American Academy of Otolaryngology - Head and Neck Surgery	Robert Sataloff, MD	Editorial updates to ENT chapter of the AMA Guides to include insertion of Rotary Chair Testing, new dysphagia example along w/ Addition of videonystagmography (VNG) to subtitle and to accompany electronystagmography (ENG).	Motion to <u>Approve with Clarifications</u> : Upon receipt, review, and public discussion of Public Comments submitted, the Panel has passed the motion to Approve this proposal with applicant's changes based on the Public Comment feedback. Once resubmitted, Panel will take next steps in the editorial process.
100340	International Academy of Independent Medical Evaluators	Gary Pushkin, MD Barry Gelinas, MD	The words "with normal motion" be removed from all sections in which it appears in Tables 15-2, 15-3, 15-4, and 15-5; elimination of the footnote from the DBI tables that says: "*If motion	Motion to <u>Approve</u> : Upon receipt, review, and public discussion of Public Comments received, the Panel has



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		<p><i>loss is present, this impairment may alternatively be assessed using Section 15.7, Range of Motion Impairment. A range of motion impairment stands alone and is not combined with diagnosis impairment.”</i></p> <p>Revision of section 15-7 (and 15-3b) to reinforce DBI as preferred method, but, when presented with decreased ROM, a rater can consider that as an alternative method when the impairment isn't able to be rated with the DBI paradigm.</p>	<p>passed the motion to Approve this proposal. No further action is required with the Applicants. AMA staff and Panel will move proposal forward in editorial process.</p>
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